

FEC
FORM 1STATEMENT OF
ORGANIZATIONRECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

16 JUL 12 PM 3:39

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

CAMPAIGN FOR DWIGHT YOUNG U.S. SENATE

ADDRESS (number and street)

P.O. BOX 5724

☐ (Check if address is changed)

CLEARWATER

CITY ▲

FL

STATE ▲

33765

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

dy4senate2016@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.dwightyoungforsenate2016.com

2. DATE

MM / DD / YYYY
07 / 06 / 2016

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer NORDENE DIXON

Signature of Treasurer

NORDENE DIXON

Date

MM / DD / YYYY
07 / 06 / 2016NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

201607122000216580

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate **DWIGHT MARK ANTHONY YOUNG**

Candidate
Party Affiliation

REP

Office
Sought:

☐

House

☒

Senate

☐

President

State

FL

District

00

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

Party Committee:

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

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Write or Type Committee Name

CAMPAIGN FOR DWIGHT YOUNG U.S. SENATE**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.**

Full Name

NORDENE DIXON

Mailing Address

19005 MAJESTIC STREET

ORLANDO

FL

32833

Title or Position

CITY

STATE

ZIP CODE

CAMPAIGN TREASURER

Telephone number

407

810

6047

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

NORDENE DIXON

Mailing Address

19005 MAJESTIC STREET

ORLANDO

FL

32833

Title or Position

CAMPAIGN TREASURER

CITY

STATE

ZIP CODE

Telephone number

407

810

6047

201607120200216582

Full Name of
Designated
Agent

CARMEN YOUNG

Mailing Address

1004 PROVIDENCE LANE

OVIEDO

CITY

FL

STATE

32765

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

407

913

0437

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

WELLS FARGO BANK

Mailing Address

4200 ALAFAYA TRAIL

OVIEDO

CITY

FL

STATE

32765

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

201607120200216583

Dwight Young for U.S. Senate
P.O. Box 5724
Clearwater, FL 33765

**SCREENED
BY THE SENATE
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United States Senate

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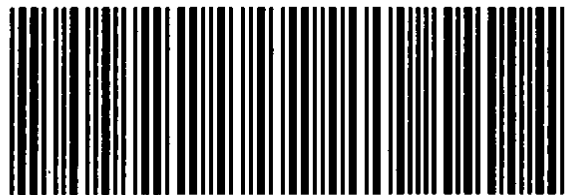
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DATE PREPARED



SEN PATCH



SEN PATCH

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